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27 September 2021

To: All Members of the North Central London Joint Health Overview and Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee - Friday, 1st October, 2021

I attach a copy of the following report for the above-mentioned meeting which was not available at the time of collation of the agenda:

11. UPDATE ON INTEGRATED CARE SYSTEMS (ICS)

To receive an update on Integrated Care Systems (ICS)

Yours sincerely

Fiona Rae, Principal Committee Co-ordinator

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Developing the North Central London Integrated Care System

Joint Health Overview Scrutiny Committee

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The North Central London population

- Around 1.6 million residents, with a relatively young population in some boroughs compared to London average
- Diverse population with historic high migration – from within UK and abroad; around 25% of people do not have English as their main language
- Higher rates of deprivation than some London areas, with pockets of deprivation across all boroughs
- Significant variation in life expectancy between most affluent and most deprived areas
- Approx. 200,000 people in NCL are living with a disability

[1] Index of Multiple Deprivation, 2019

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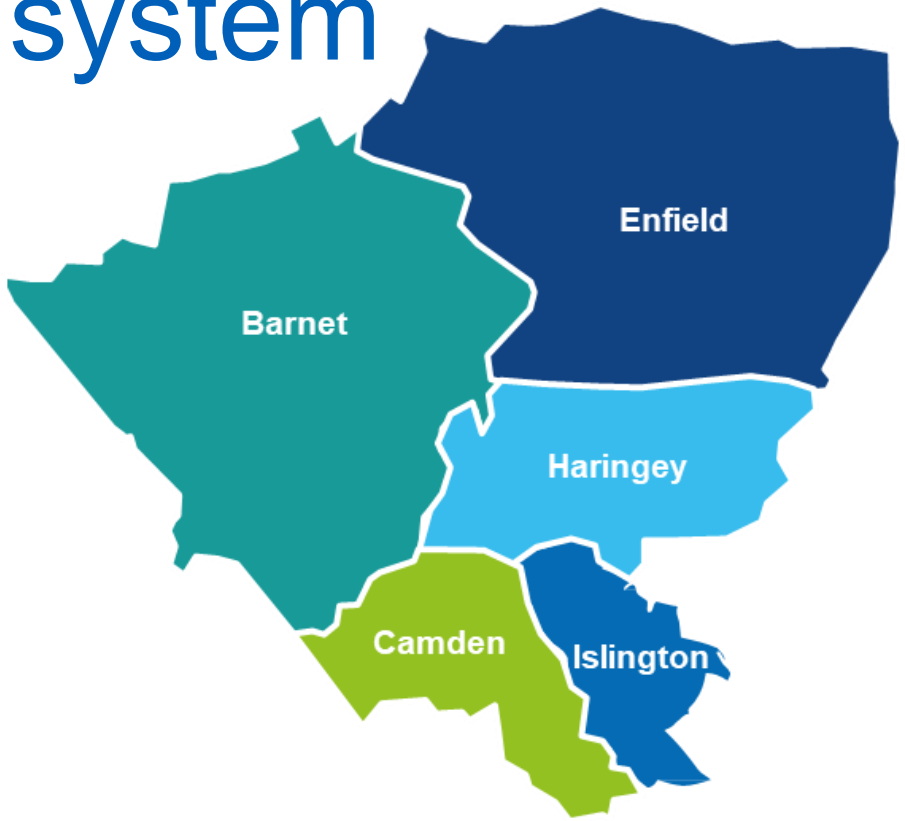
The North Central London health and care system



- 12 hospital trusts
- 5 local authorities
- One clinical commissioning group
- 200+ general practices
- 300+ pharmacies
- 200+ care homes
- Countless voluntary sector organisations and community groups providing essential care

[1] Index of Multiple Deprivation, 2019

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Building on strong NCL partnership foundations to form our ICS

The formation of Integrated Care Systems (ICS)

- The NHS Long Term Plan committed to delivering Integrated Care Systems (ICSs) across England by April 2021, to build on the lessons learnt and good work carried out by Sustainability and Transformation Partnerships (STPs).

- Integrated Care Systems (ICS) are a new form of partnership between organisations that support the health and wellbeing of local communities. Partners include the NHS and local councils alongside voluntary, community and social enterprise sector organisations

- In April, the Department of Health and Social Care published a White Paper (February 2021): *'Integration and Innovation: working together to improve health and social care for all'*.

- Government and Parliament will establish ICSs in law and remove legal barriers to integrated care for patients and communities. Decisions on legislation will be for Government and Parliament to make.

- From 1 April 2022, Integrated Care Systems (ICSs) will become fully operational as statutory organisations responsible for strategic commissioning, with a financial allocation set by NHS England. In North Central London, our ICS will operate in shadow form this financial year.

The core purpose of an Integrated Care System

- The core purpose of an Integrated Care System is to:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS to support broader social and economic development.
- Each ICS will have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.
- This way of working closely reflects how the NHS and Councils in North Central London have already been working together in recent years, to improve our population's health and reduce inequalities through greater collaboration.

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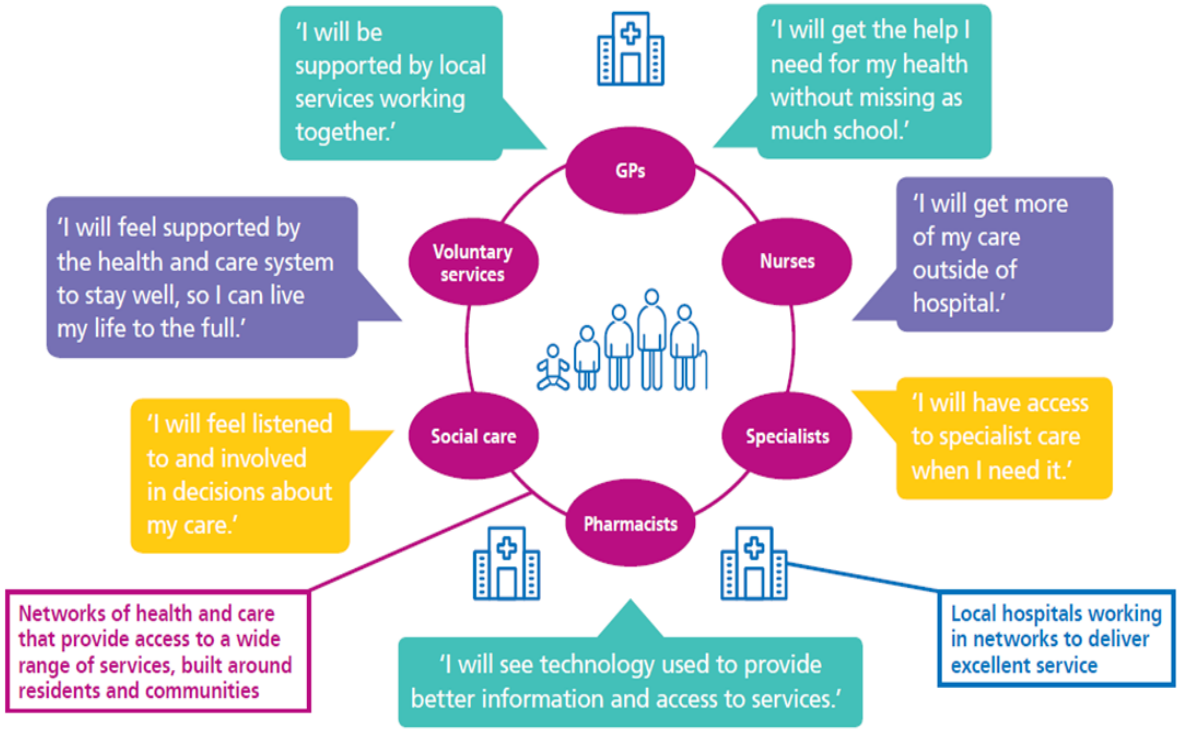
What will this mean for residents?

Faster progress towards what residents have told us they want from local services:



And an increased system-focus on the wider determinants of health and wellbeing:

- Fulfilling work
- Education and skills
- Our surroundings
- The food we eat
- Money and resources
- Transport
- Housing
- The support of family, friends and communities

Building on strong foundations in NCL

- Whilst ICSs are new statutory organisations, we have a track record of close working between partners, NHS and LA, through the STP and other collaborative programmes of work.
- In April 2020 the five Clinical Commissioning Groups in North Central London (NCL CCGs) – Barnet, Camden, Enfield, Haringey and Islington – merged to form one CCG.
- We have strong partnerships already formed in each borough to support working at a ‘place’ level
- Alongside this, we have 33 thriving primary care networks across the area.
- Over the last year system partners have worked closely together, with the CCG, Councils, NHS providers, general practices, voluntary and community organisations, working to respond to the pandemic.
- There has been continued progress towards a more strategic approach to health commissioning at NCL-level, and within our borough partnerships.

Building on strong foundations in NCL

Responding to the Covid-19 pandemic has accelerated, and consolidated, ways the system worked together to deliver for residents. Acting like an ICS already in many ways:

- **Innovative approaches to patient care -** pulse oximetry led by primary care and virtual wards led by secondary care to avoid Covid patients' admission to hospital and early discharge where appropriate
- **Accelerated collaboration -** single point of access for speedier and safe discharge from hospital to home or care homes; development of post-Covid Syndrome multi-disciplinary teams to support patients
- **Mutual planning and support -** system able to respond quickly to a significant increase in demand for intensive care beds
- **Smoothing the transition between primary and secondary care -** increased capacity for community step-down beds to ease pressure on hospitals
- **Sharing of good practice -** clinical networks to share best practice and provide learning opportunities
- **Clinical and operational collaboration -** Ensuring consistent prioritisation across NCL so most urgent patients are treated first

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Benefits of forming an ICS in North Central London

Improved Outcomes

Enable greater opportunities for working together as 'one public sector system' – ultimately delivering improved patient outcomes for our population

Working at Place

Support the further development of local, borough-based Care Partnerships and Primary Care Networks

Reduce inequalities

Identify where inequality exists across in outcomes, experience and access and devising strategies to tackle these together with our communities

Efficient and Effective

Help us build a more efficient and effective operating model tackling waste and unwarranted variation.

New Ways of Working

Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration

Economies of Scale

Help us make better use of our resources for local residents and achieve economies of scale and value for money

System Resilience

Help us become an system with much greater resilience to face changes and challenges to meet the needs of our local population by supporting each other.

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NCL Integrated Care System: our vision and principles

Our ICS purpose: To improve outcomes and wellbeing, through delivering equality in health and care services for local people. **Supporting them to Start Well, Live Well and Age Well.** We also want to support the many local people who are employed by health and social care to **Work Well.**

Our Principles:

- We will work as one system to benefit the whole population of NCL and work together to drive health equality.
- We will retain the local patient, resident and clinical voice in the commissioning and delivery of health and care, by working effectively together at the three levels of our system.
- We will value our staff, our partners and their expertise to deliver the best health and care possible for the patients and residents of North Central London.
- We will work on a population health basis, planning for population needs as a system, and through local partnerships and neighbourhoods/networks.
- We will work to deliver joined-up care for our population planning around residents not organisations
- We will emphasise the value of subsidiarity, working as locally as is feasible whilst retaining strategic, effective commissioning for North Central London

We will be guided by a shared set of objectives (an 'Outcomes Framework'), setting out the difference we will make for the population in NCL and how we will be monitoring that we are achieving our strategic aims.

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NCL focus on tackling health

Restore NHS services inclusively	• Ensuring that all analysis undertaken in relation to the restoration of NHS services specifically considers equalities dimensions, including ethnicity and deprivation E.g. in our elective recovery and waiting lists, and community diagnostics hubs • Continuing to build up our population health management platform, HealtheIntent. In six months' time, we plan to have all acute and mental health trusts on HealtheIntent, alongside GPs and Royal Free that are there now. We will have also started onboarding community trust and adult social care data.
Mitigate against digital exclusion	• Commissioning an Equalities Impact Assessment report into the causes and contributing factors to digital exclusion, views from local stakeholders, the impact of Covid, and recommendations for action to address digital exclusion. • Establishing a pilot in Haringey, as a joint initiative with North Middlesex and the local Haringey ICP, that focuses on practical steps that can reduce digital exclusion for those already in the system, i.e. purchasing of hardware. • Prioritising digital exclusion in our most deprived wards through the utilisation of NHS Charities funding.
Ensure datasets are complete and timely	• Use of our population health management platform, HealtheIntent, to understand where care teams can make improvements in recording of equalities data. • System-wide audit on the use of "other" category in ethnicity data
Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes	• Ongoing work with NHSE/PHE to encourage commissioning and delivery of a more culturally and socially competent flu vaccination programme, with appropriate equity monitoring during the coming winter. • Using HealtheIntent for : Deploying a registry for physical health checks among people with serious mental illness, Developing a similar registry for learning disabilities, Deploying our registries for COPD, diabetes, childhood asthma and atrial fibrillation, and dashboards on population health needs, childhood immunisations, frailty and quality improvement for long term conditions. • Working closely with PHE as part of our ICPS, to identify key priorities and implement changes in line with national guidance and the recommendations of publications including Beyond the Data. For example, Enfield is focusing on their most deprived communities, and is jointly funding (with the local authority) community participatory research and community engagement to look childhood obesity.
Strengthen leadership and accountability	• A Population Health Management and Health Inequalities Committee has been established, led by our ICS Chair and with broad stakeholder engagement across local authorities, primary, community and acute services. The aim of this Committee is to embed a population health approach across the system, including a focus on reducing health inequalities.

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Priority NCL ICS Programmes for 2021/22

We have defined 9 clinical and care priorities plus four enabler programme priorities:

Elective Recovery	Mental Health	Community/ Local Care
Urgent & Emergency Care	Children, Young People & Maternity	Primary Care Recovery
Cancer Alliance	Diagnostics	Social Care

+

- Estates
- Workforce
- Digital
- Corporate

Our **Clinical and Care priorities** focus on **tackling health inequalities** and improving the **overall quality of care for our residents through service improvement and transformation -** an integral component being **recovery of services to pre-pandemic levels** in an equitable manner .

Our **enabler programmes** help establish the foundation of a truly integrated care system, and contribute to **releasing system efficiencies** that strengthen our health and care system.

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Governance and structures of the NCL ICS

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Working towards an NCL ICS

Together, system partners are designing what our Integrated Care System (ICS) will look like at neighbourhood, place and system-level

Neighbourhoods build on the core of the primary care networks and **enable greater provision of proactive, personalised, coordinated and more integrated health and social care** through multidisciplinary teams taking a proactive population based approach to care at a community level.

Boroughs are the **critical point of integration and coordination of services**. All boroughs have a **strong sense of defined population being coterminous with local authorities**. The work at borough partnerships is focussed on bringing together partners **develop and coordinate services based on agreed outcomes.**

The NCL ICS will focus on activities that are better undertaken at an NCL level **where a larger planning footprint increase the impact or effectiveness** of these functions. It will also be responsible for **system planning,** towards our goals of reducing inequalities and improving health outcomes.

Core components of NCL ICS Governance

- There are some elements of system wide governance we will need to set up and implement to support the formation of an ICS. This is subject to legislation and further work locally on how these will work. These are set out below.
- Integrated Care will not just be at system-level but also within our boroughs, or at 'Place'.
- System partners will work together to confirm the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.

Integrated Care Partnership

Guidance to be issued by DHSC in September.

Responsible for developing integrated care strategy for whole population across partners in NCL

Forerunner of this in NCL: **Quarterly Partnership Council**

Integrated Care Boards (ICB)

Unitary (single) Boards to lead integration within the NHS.

Board membership to be outlined in legislation.

Forerunner of this in NCL: **Steering Committee**

Community Partnership Forum

Will bring together NHS, Healthwatch, local authority, VCSE and community representatives for strategic discussions.

Builds on work of the Engagement Advisory Board, established for the North Central London STP

Place-based partnerships

Functions to be exercised and decisions to be made, by or with place-based partnerships at a borough level.

ICB will remain accountable for NHS resources deployed at place-level.

All boroughs have partnerships in place

Provider Collaborative

Will agree specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities.

NCL Provider Alliance forming with all providers and Primary Care as members

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North Central London's sustainability and transformation partnership

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Clinicians at the heart of our NCL ICS

Future clinical leadership

- Clinical leadership will remain at the centre of the NCL ICS - at system, place and neighbourhood level
- Must reflect the multidisciplinary nature of an ICS, and the diversity of our population
- Continued need for primary care clinical leadership
- Setting objectives for effective partnership working between clinical and professional leaders, officers and system partners to provide high quality health and care for NCL patients and residents

Our clinical workforce

- COVID has made us think and act in a more integrated way, aiming to deliver the best care for our population
- Development of the North Central London ICS will build on the good work done to support staff throughout the pandemic
- We are looking at the possibility of having some NHS staff based across multiple sites, to manage the demand on the system
- Working together offers the opportunity to reduce duplication, learn best practice and learn from / teach each other

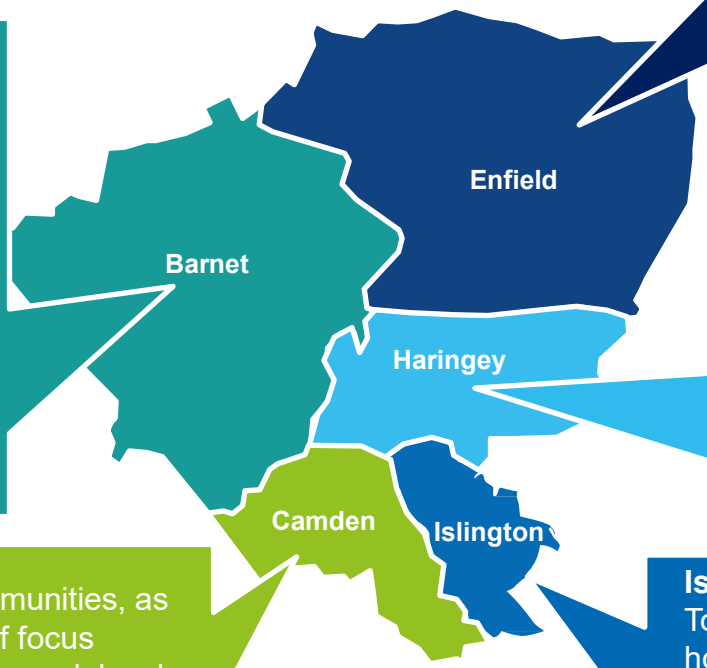
Our Place-Based Partnerships

Enfield - COVID has helped accelerate integrated working. Priorities have been expanded from an initial focus areas following success around flu and Covid vacs. Provider Integration Partnership oversees delivery

- 352,077 registered population
- 10 'organisations' represented (25+ members of delivery board)
- 4 PCNs (not geographical – neighbourhoods within @ 50k)

Barnet - Older population gives rise to focus on proactive care, same day urgent care and support to remain independent.

- 425,395 registered population
- 10 + 'organisations' represented (25+ members of delivery board)
- 7 PCNs



Haringey –Focused on expansion of community based care models, MH, wider determinants and inequalities and a local strengths based approach that also addresses risks driven by deprivation.

- 298,418 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 8 PCNs

Camden – lon. Strong focus on CYP, MH, citizen's engagement/coproduction & dialogue with families & communities, as well as a developing Neighbourhood model. New areas of focus include accelerating provider developments at PCN and borough level and connecting with local communities.

- 303,267 registered population
- 15 + 'organisations' represented (30+ members of ICP/8 PCNs)

Islington – active multiagency partnership under banner of 'Fairer Together' with input from all statutory agencies (incl police, fire, housing). Senior leadership from Islington Council & CCG. Emphasises joint commissioning, operational joint working & expansion of neighbourhood level delivery. New Delivery Board estbalished to drive key workstreams:

- 257,135 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 4 PCNs

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Place-Based Partnership priorities

- Covid-19 and flu vaccine programme
- Tackling Inequalities: in outcome, in access, in experience, for deprived communities, for BAME communities
- Mental health and mental wellbeing – for all but especially population groups historically less engaged
- Community joint working and the voluntary and community sector (VCS)
- Health inclusion groups – homeless, asylum and refugee
- Children, Young People and families – support to deliver key outcomes and address the impact of the pandemic 20/21
- Access – inclusive, appropriate, timely – focus on specific groups e.g. people with learning disabilities, serious mental illness, refugees
- Digital inclusion/exclusion
- Wider determinants including employment and housing
- Priority outcomes and populations, including those groups at risk of disadvantage/worse outcomes during the pandemic
- Proactive and Personalised care in the community – including use of technology, expansion of social prescribing models
- Urgent community response – in particular joint working across primary, community and social care supported by VCS

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Building resident and community voices at the heart of our ICS

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Community involvement and representation

Health and Wellbeing Boards

Health and Wellbeing Boards are linked to all borough partnerships:

- Most boroughs have updated their Health and Wellbeing Board ToR to include a link to the Borough Partnerships.
- Cllrs are largely engaged through the HWBB although there is increasing interest in direct involvement.
- HASCs also regularly request reports on the development of integrated care locally.

Patient & resident involvement & engagement

Patient and resident engagement is being undertaken in different forms across borough partnerships:

- All partnerships have their local Healthwatch as members on their partnership groups.
- Some Healthwatch members leads on specific areas of focus/priorities within the partnership.
- Most ICPs have engagement groups (e.g. Haringey Citizen Health & Care Advisory Board, Camden Citizens Assembly, Islington conducts regular community engagement events).
- Some CCG borough teams also support a patient engagement forum, with resident and VCS representation.
- CCG Community Members sit on many of our committees and support wider engagement work.

Engaging the VCS

Voluntary & community sector organisations play a role in all partnerships:

- VCS is represented on all partnership groups across all boroughs. In some, VCS leads on priorities areas (for example MIND in Camden alongside CIFT).
- In all others they are “plugged into” the work and have played an increasingly significant role in delivery of partnership plans (social prescribing, mental health and wellbeing support, delivery of equipment, support to access services, support to comms campaigns such as flu).

ICS Community Partnership Forum

- Established to oversee ICS resident engagement and involvement – to be aligned strategically with the ICS Quarterly Partnership Council and ICS Steering Committee.
- An expert reference group on community engagement as well as a forum for discussion and debate on emerging proposals and strategies.
- The Forum is meeting for the first time in October 2021, and current membership includes:

    - North Central London ICS Chair
    - North Central London Provider Alliance Chair
    - North Central London Executive Director of Strategic Commissioning
    - North Central London Executive Director of ICS Transition
    - Healthwatch representatives from the five boroughs
    - Council of Voluntary Services representatives from the five boroughs
    - Patient representatives from the five boroughs
    - Communication and Engagement reps from NCL Clinical Commissioning Group

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Community involvement and representation

Strong resident, patient and VCS involvement (at system, place and neighbourhood level) is critical. Over the next six months we will seek views, including the below areas of focus - from the ICS Community Partnership Forum, CCG Patient Public Engagement and Equalities Committee, Council Leaders, elected members, our Healthwatches and VCS, and wider audiences.

Ongoing Work to do at System-Level:

- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Developing shared principles and methods for involving people and communities, and co-production
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system
- Develop a shared approach to involvement / decision making with VCSE, supporting a resilient third sector

Ongoing Work to do at Place-Level

- Develop place-based partnership approaches on engagement and involvement, linked to ICS framework
- Ensure partnership links with HOSCs, HWBB, Healthwatch and VCSE sector are strong and effective
- Support Primary Care Networks and neighbourhood team links into communities
- Make every contact count to signpost residents to services and support